

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐Check if different
than previously
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Benjamin Bank

Signature of Treasurer

Electronically Filed by Benjamin Bank

Date

08

20

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		896421.36
(b) Cash on Hand at Beginning of Reporting Period	858244.70	
(c) Total Receipts (from Line 19)	132467.63	422558.90
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	990712.33	1318980.26
7. Total Disbursements (from Line 31)	87120.77	415388.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	903591.56	903591.56
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	117109.57	368994.71
(i) Itemized (use Schedule A)	12619.00	31402.75
(ii) Unitemized	129728.57	400397.46
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	129728.57	400397.46
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2739.06	22161.44
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	132467.63	422558.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	132467.63	422558.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1120.77	9788.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1120.77	9788.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	86000.00	369500.00
24. Independent Expenditure (use Schedule E)	0.00	15030.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	21070.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	21070.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	87120.77	415388.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87120.77	415388.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	129728.57	400397.46
34. Total Contribution Refunds (from Line 28(d))	0.00	21070.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	129728.57	379327.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1120.77	9788.70
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1120.77	9788.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

David Abramson

Mailing Address 70 East 66th Street

City

New York

State

NY

Zip Code

10065-6528

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: F7VR9Z367771

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Scott Allan

Mailing Address 526-H Shoup Avenue West

City

Twin Falls

State

ID

Zip Code

83301-5050

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 4J0S7F683670

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Chad Anderson

Mailing Address Suite 1
1811 W Royal Hunte Drive

City

Cedar City

State

UT

Zip Code

84720-8274

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774HY161524

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Richard Apt

Mailing Address Suite 803

2080 Century Park E

City

Los Angeles

State

CA

Zip Code

90067-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: BO1590778282

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Colin Arnold

Mailing Address Suite 105

7501 Hospital Drive

City

Sacramento

State

CA

Zip Code

95823-5405

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 0545784

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Amin Ashrafzadeh

Mailing Address 3209 Papillon Court

City

Modesto

State

CA

Zip Code

95356-9307

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 2G8EP0610353

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

William Atkins

Mailing Address 150 Market Hills Drive

City

Boone

State

NC

Zip Code

28607-3678

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: F85EQX482754

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

John Baer

Mailing Address 908 Rolandvue Road

City

Baltimore

State

MD

Zip Code

21204-6813

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 4J0S7F418187

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Brock Bakewell

Mailing Address 5599 N Oracle Road

City

Tucson

State

AZ

Zip Code

85704-3821

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: BO1513832804

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Mark Balles

Mailing Address 100 Foden Road

City

South Portland

State

ME

Zip Code

04106-2327

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774HY938135

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Charles Baltimore

Mailing Address 639 W 15th Street

City

Washington

State

NC

Zip Code

27889-3526

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 4J0S7F577168

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Ray Balyeat

Mailing Address Suite 400
2000 S Wheeling Avenue

City

Tulsa

State

OK

Zip Code

74104-5641

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 83R55O059167

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Roxana Barad

Mailing Address Suite 103

4424 Penn Avenue

City

Pittsburgh

State

PA

Zip Code

15224-1338

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774H9753280

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Joseph Barron

Mailing Address 3101 Mercedes Drive

City

Monroe

State

LA

Zip Code

71201-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 2G8EP0444747

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Arthur Basham

Mailing Address 212 Oak Meadow Drive

City

Los Gatos

State

CA

Zip Code

95032-4407

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: F774JO522655

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Vineet Batra

Mailing Address 15051 Hesperian Blvd#A

City

San Leandro

State

CA

Zip Code

94578

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: D5B48D5D-6745-4886-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Baumann

Mailing Address 17560 W Highway 441

City

Mount Dora

State

FL

Zip Code

32757-6711

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 9KG031161000

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Thomas Bennett

Mailing Address 749 Central Avenue

City

Dover

State

NH

Zip Code

03820-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 4J0S80827465

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Joseph Bentivegna

Mailing Address 541 Cromwell Avenue

City

Rocky Hill

State

CT

Zip Code

06067-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: F85FND502734

Amount of Each Receipt this Period

350.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Roberto Beraja

Mailing Address 2550 S Douglas Road

City

Coral Gables

State

FL

Zip Code

33134-6126

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 9KG031150144

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Carlo Bernardino

Mailing Address 620 Quinnipiac Avenue

City

New Haven

State

CT

Zip Code

06513-4003

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 83R52C656922

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Janet Betchkal

Mailing Address 1820 Barrs Street
Dillon Building Suite 134

City State Zip Code
Jacksonville FL 32204

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 8

Transaction ID: 4a8088edb3d116a55054

Amount of Each Receipt this Period

91.25

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

John Bishop

Mailing Address Suite 108
4707 Everhart Road

City State Zip Code
Corpus Christi TX 78411-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: BO1590713389

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Evan Black

Mailing Address 4717 Saint Antoine Street

City State Zip Code
Detroit MI 48201-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: F85EQX306098

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1456.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Stephen Blaydes

Mailing Address PO Box 1380

City

Bluefield

State

WV

Zip Code

24701-1380

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: BO1590325615

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

James Bobrow

Mailing Address Suite 304
211 N Meramec Avenue

City

Clayton

State

MO

Zip Code

63105-3745

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: F85EQX861959

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

David Bogorad

Mailing Address 2509 Walton Way

City

Augusta

State

GA

Zip Code

30904-4561

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: BO1513320786

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Peter Branden

Mailing Address Suite 100

1201 W Main Street

City

Waterbury

State

CT

Zip Code

06708-3105

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 83R52C961878

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

James Braun

Mailing Address 114 Country Club

City

Hot Springs

State

AR

Zip Code

71901-8034

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: F7VQNR263037

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

William Bridges

Mailing Address 21 Medical Park Drive

City

Asheville

State

NC

Zip Code

28803-2493

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: BO1513773263

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Jill Brody

Mailing Address McDonough Eye Assoc
505 E Grant Street

City State Zip Code
Macomb IL 61455

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 83R52C318749

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

James Gerard Brooks

Mailing Address 2616 Warm Springs Road

City State Zip Code
Columbus GA 31904-5323

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: BO15I3091116

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Donna Dodson Brown

Mailing Address 4500 Coventry Road

City State Zip Code
Richmond VA 23221-3104

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: F774JZ877116

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Howard Bruckner

Mailing Address 909 Fifteenth Street

City

Augusta

State

GA

Zip Code

30901-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 4J0S80944307

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Frederick Bruening

Mailing Address 5014 Villa Linde Parkway

City

Flint

State

MI

Zip Code

48532-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: 0293671

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Daniel Joseph Buckley

Mailing Address Room 410
1800 Sullivan Avenue

City

Daly City

State

CA

Zip Code

94015-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774H9463271

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Donald Budenz

Mailing Address Bascom Palmer Eye Inst
900 Northwest 17th Street

City State Zip Code
Miami FL 33136

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: F85EQX077254

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

John Campagna

Mailing Address 414 Navarro Street Suite 400

City State Zip Code
San Antonio TX 78205-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774H9637474

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Jeffrey Carlisle

Mailing Address 3975 Lawrenceville Highway Northwe

City State Zip Code
Lilburn GA 30047-2817

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 0142232

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Jose Carro Soto

Mailing Address PO Box 9924

City

Arecibo

State

PR

Zip Code

00613-9924

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: 0475678

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Troy Carter

Mailing Address 1750 Pine Street

City

Abilene

State

TX

Zip Code

79601-3044

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 40KNN055683

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Gary Cassel

Mailing Address Ruxton Towers Suite 104
8415 Bellona Lane

City

Towson

State

MD

Zip Code

21204

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774HY013551

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Audrey Chan

Mailing Address 282 Route 130

City

Sandwich

State

MA

Zip Code

02563-2363

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: F7VR9Z393593

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Jack Mabry Chapman

Mailing Address 2061 Beverly Road

City

Gainesville

State

GA

Zip Code

30501-2034

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: BO15I3264141

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Joseph Chappell

Mailing Address 610 Brunson Drive

City

Tupelo

State

MS

Zip Code

38801-4947

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 2G8EP0504828

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

James Conahan

Mailing Address Suite 400

2005 Franklin Street

City

Denver

State

CO

Zip Code

80205-5405

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774HY768155

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Joseph Conner

Mailing Address 707 W Tipton Street

City

Seymour

State

IN

Zip Code

47274-2157

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 4J0S7F778542

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Anastasios Costarides

Mailing Address 1365B Clifton Road Northeast

City

Atlanta

State

GA

Zip Code

30322-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: BO1513114024

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Gregory Cox

Mailing Address Building No2
2 Hamilton Health Place

City State Zip Code
Hamilton NJ 08690-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: 0864422

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

James Croley

Mailing Address 613 Del Prado Boulevard

City State Zip Code
Cape Coral FL 33990-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: F8QS2F825370

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Robert Davidson

Mailing Address Suite 110
1311 W Chandler Boulevard

City State Zip Code
Chandler AZ 85224-6136

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: BO1513964828

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Vincent De Luise

Mailing Address Suite B

87 Grandview Avenue

City

Waterbury

State

CT

Zip Code

06708-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 83R52C321668

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Peter Diedrichsen

Mailing Address PO Box 1275

City

Columbus

State

NE

Zip Code

68602-1275

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: F85FSC138163

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Steven Dixon

Mailing Address Suite 7

1111 E Ocean Avenue

City

Lompoc

State

CA

Zip Code

93436-2501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 0258582

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

William Eads

Mailing Address 1230 Cumberland Falls Highway

City

Corbin

State

KY

Zip Code

40701-2717

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: F85FSC649787

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Paul Andrew Edwards

Mailing Address Suite 5A
1 Ford Place

City

Detroit

State

MI

Zip Code

48202-3450

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: BO1590285383

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

William Ehlers

Mailing Address 125 Secret Lake Road

City

Avon

State

CT

Zip Code

06001-3465

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 8

Transaction ID: 4288ba7953dbe3a3cf8b

Amount of Each Receipt this Period

250.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Dion Ehrlich

Mailing Address Suite 103

7500 Central Avenue

City

Philadelphia

State

PA

Zip Code

19111-2431

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: F7VQO3754045

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Richard Eiferman

Mailing Address Suite 220

6400 Dutchmans Parkway

City

Louisville

State

KY

Zip Code

40205-3368

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: 0544623

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Michael Elman

Mailing Address Suite 310

9114 Philadelphia Road

City

Baltimore

State

MD

Zip Code

21237-4350

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774HY415216

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

John Ervin

Mailing Address 1429 Oglethorpe Street

City

Macon

State

GA

Zip Code

31201-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: BO1513445186

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Ofer Eytan

Mailing Address 2525 W Greenway Road Suite 120

City

Phoenix

State

AZ

Zip Code

85023-4280

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: BO1513822266

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Misha Faustina

Mailing Address 9460 N 105th Street

City

Scottsdale

State

AZ

Zip Code

85258-6042

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: BO1598802757

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Raul Franceschi

Mailing Address Suite 707

29 Calle Washington

City

San Juan

State

PR

Zip Code

00907-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 8

Transaction ID: 40eabe46f3ebbe6f144e

Amount of Each Receipt this Period

250.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Walter Fried

Mailing Address Surevision Eye Center

3477 Grand Avenue

City

Gurnee

State

IL

Zip Code

60031-3734

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: F7VQOE147159

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Mark Fritz

Mailing Address 212 N Larkin Avenue

City

Joliet

State

IL

Zip Code

60435-6604

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: F7VQO3349535

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Luther Fry

Mailing Address 310 E Walnut Street

City

Garden City

State

KS

Zip Code

67846-5560

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 4J0S7F469141

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Charles Gannon

Mailing Address 1645 N Alvernon Way

City

Tucson

State

AZ

Zip Code

85712-3353

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: BO15I3092146

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

John Garrett

Mailing Address 1301 Carpenter Avenue

City

Iron Mountain

State

MI

Zip Code

49801-4725

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 4J0S7F467642

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Joel Geffin

Mailing Address 1201 W Main Street

City

Waterbury

State

CT

Zip Code

06708-3105

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 83R52C131231

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Ilona Genis

Mailing Address 3039 Ocean Parkway

City

Brooklyn

State

NY

Zip Code

11235-8370

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: BP4COM510433

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

C Mitchell Gilbert

Mailing Address 396 old mountain road

City

farmington

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 200645DD-FAC1-43B1-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Michael Gilbert

Mailing Address Suite 200

12301 Northeast 10th Place

City

Bellevue

State

WA

Zip Code

98005-2487

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 8

Transaction ID: 4475b6f490d25a7c5ab5

Amount of Each Receipt this Period

250.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Walter Gilbert

Mailing Address 1820 Barrs Street Suite 122

City

Jacksonville

State

FL

Zip Code

32204-4755

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 4J0S7F115873

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Jay Gooze

Mailing Address 21 Gonic Road

City

Rochester

State

NH

Zip Code

03867-3926

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: BO1590420215

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Daniel Greenberg

Mailing Address Suite 256E

800 Austin Street

City

Evanston

State

IL

Zip Code

60202-3477

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 0375584

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Christopher Greer

Mailing Address PO Box 3528

City

Fort Smith

State

AR

Zip Code

72913-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 82OJ4G226643

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Jacqueline Griffiths

Mailing Address Suite C-50

12110 Sunset Hills Road

City

Reston

State

VA

Zip Code

20190-5852

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 82OJ4G946657

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Kenneth Grossman

Mailing Address 580 Collins Drive

City

Merced

State

CA

Zip Code

95348-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: F774JO168348

Amount of Each Receipt this Period

2500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Bruce Grossnickle

Mailing Address 2251 Dubois Drive

City

Warsaw

State

IN

Zip Code

46580-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: 0522783

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Kamal Gupta

Mailing Address 19335 Allen Road

City

Brownstown

State

MI

Zip Code

48183-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 83R52C527945

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Donald Hall

Mailing Address 3303 Indiana Avenue

City

Vicksburg

State

MS

Zip Code

39180-4540

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 4J0S7F521549

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Cynthia Hampton

Mailing Address Suite 204
451 Ruin Creek Road

City

Henderson

State

NC

Zip Code

27536-5920

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 8

Transaction ID: 44e093ab1c316ff925dc

Amount of Each Receipt this Period

125.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

John Hazelton

Mailing Address 4803 Saint Johns Place

City

Murrells Inlet

State

SC

Zip Code

29576-6808

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: F7VQNR715843

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Raymond Hernandez

Mailing Address 19292 Stone Oak Parkway

City

San Antonio

State

TX

Zip Code

78258-3222

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: F85FSC180344

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Gary Hirshfield

Mailing Address Suite 102
4231 Colden Street

City

Flushing

State

NY

Zip Code

11355-3981

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 4J0S80199315

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Elizabeth Hodapp

Mailing Address 245 E Rivo Alto Drive

City

Miami Beach

State

FL

Zip Code

33139-1267

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 0562829

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

John Holds

Mailing Address 8025 Daytona Dr.

City

Clayton

State

MO

Zip Code

63105

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 0D898F9F-9B21-438D-

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

H Dunbar Hoskins

Mailing Address 655 Beach Street

City

San Francisco

State

CA

Zip Code

94109-1342

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: F8QS2F908316

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Mark Hughes

Mailing Address Suite 600
50 Staniford Street

City

Boston

State

MA

Zip Code

02114-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: 4f3aba8e89c3daa64d4e

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

1216.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Kathy Hwang

Mailing Address Suite 314

3301 New Mexico Avenue Northwest

City

Washington

State

DC

Zip Code

20016-3624

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 0230555

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Morton Israel

Mailing Address Suite 1X

770 Magnolia Avenue

City

Corona

State

CA

Zip Code

92879-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 4J0S7F623461

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Cameron Javid

Mailing Address 6561 E Carondelet Drive

City

Tucson

State

AZ

Zip Code

85710-2156

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: BO1513245112

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Johanna Jensen

Mailing Address Suite A

1615 12th Avenue Road

City

Nampa

State

ID

Zip Code

83686-6184

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 8

Transaction ID: 463899980521237b8f99

Amount of Each Receipt this Period

250.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Leonard Joffe

Mailing Address 6561 E Carondelet Drive

City

Tucson

State

AZ

Zip Code

85710-2156

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: BO1513966726

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Eric Johnson

Mailing Address 204B Allandale Rd

City

Chestnut Hill

State

MA

Zip Code

02467-3200

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: F7VR9Z280828

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Walter Kahn

Mailing Address 70 E Front Street

City

Red Bank

State

NJ

Zip Code

07701-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: BO1590953026

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Jeffrey Kaplan

Mailing Address Suite 106
4699 Main Street

City

Bridgeport

State

CT

Zip Code

06606-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 83R52C415266

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Joseph Matthew Kaspareck

Mailing Address 56 Union Avenue

City

Somerville

State

NJ

Zip Code

08876-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 4OKNNE733248

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Curtin Kelley

Mailing Address Suite 320

262 Neil Avenue

City

Columbus

State

OH

Zip Code

43215-7311

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: BO1590835053

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

David Kim

Mailing Address 1316 Wilmington Island Road

City

Savannah

State

GA

Zip Code

31410-4513

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 4J0S7F753872

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Laura King

Mailing Address 106 Brighton Road Northeast

City

Atlanta

State

GA

Zip Code

30309-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 8

Transaction ID: 45ee8213ad7378cb9065

Amount of Each Receipt this Period

91.25

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

841.25

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 100

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

David Kinsler

Mailing Address 426 W Main Street

City

Salem

State

VA

Zip Code

24153-3610

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	0	/	2	0	0	8

Transaction ID: 83R55O451816

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Steven Koenig

Mailing Address 30 E 40th Street

City

New York

State

NY

Zip Code

10016-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	0	8

Transaction ID: 4OKNNE444434

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Alexandra Kostick

Mailing Address Suite 104
3 Pine Cone Drive

City

Palm Coast

State

FL

Zip Code

32137-8684

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	0	8

Transaction ID: 4J0S80780014

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Marvin Kraushar

Mailing Address 509 East Broad Street

City

Westfield

State

NJ

Zip Code

07090-2115

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: F85FSC316246

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Ronald Krueger

Mailing Address 10720 Edgewater Dr.

City

Cleveland

State

OH

Zip Code

44102

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: 459D1867-CB2C-40D9-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John Kung

Mailing Address 23 Oceanic Avenue

City

Staten Island

State

NY

Zip Code

10312-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: BO1590881616

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 100

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Phillips Labor

Mailing Address Eye Consultants of Texas Pa
1643 Lancaster Drive Suite 305City State Zip Code
Grapevine TX 76051FEC ID number of contributing
federal political committee.**C**Name of Employer
selfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	0	8

Transaction ID: BO1590347156

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Ralph Lanciano

Mailing Address Lanciano Professional Center
7703 Maple AvenueCity State Zip Code
Pennsauken NJ 08109FEC ID number of contributing
federal political committee.**C**Name of Employer
selfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	8

Transaction ID: 4J0S7F115243

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Mary Lansing

Mailing Address Suite 100
90 Health Park DriveCity State Zip Code
Louisville CO 80027-9586FEC ID number of contributing
federal political committee.**C**Name of Employer
selfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	8

Transaction ID: 83R550311852

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Wayne Larrison

Mailing Address Suite 402A

46 Prince Street

City

New Haven

State

CT

Zip Code

06519-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 0800441

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Roger Lash

Mailing Address 9 Mulberry Lane

City

White Plains

State

NY

Zip Code

10605-4456

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: F774JZ263242

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Charles Lederer

Mailing Address Suite 405

1004 Carondelet Drive

City

Kansas City

State

MO

Zip Code

64114-4801

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774HY498757

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Andrew Lee

Mailing Address 205 Black Springs Circle

City

Iowa City

State

IA

Zip Code

52246-3801

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: F7VR9Z904987

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Katherine Lee

Mailing Address Suite 215
222 N 2nd Street

City

Boise

State

ID

Zip Code

83702-6130

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 4eddec9dfcc65817c9e

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Rick Leoni

Mailing Address Suite A
203 Rue Louis XIV

City

Lafayette

State

LA

Zip Code

70508-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 82OJ4G153692

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

David Levine

Mailing Address Suite H2

19271 Montgomery Village Avenue

City

State

Zip Code

Montgomery Village

MD

20886-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: 0166517

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Jason Levine

Mailing Address 5790 N Camino De La Sombra

City

State

Zip Code

Tucson

AZ

85718-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 444eabe10a332b6cf718

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Eric Lichtenstein

Mailing Address 192-13 Union Turnpike

City

State

Zip Code

Fresh Meadows

NY

11366

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 7BEC3634-80EB-4651-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Jeffrey Todd Liegner

Mailing Address 350 sparta ave

City

sparta

State

NJ

Zip Code

07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: BD4E70F1-8A5A-4AEB-

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Robert Liss

Mailing Address Suite 420
419 W Redwood Street

City

Baltimore

State

MD

Zip Code

21201-7002

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

112.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 8

Transaction ID: 474380f0431b748cec45

Amount of Each Receipt this Period

37.50

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Samuel Lo

Mailing Address Suite 418
1441 Kapiolani Boulevard

City

Honolulu

State

HI

Zip Code

96814-4400

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: BO1590621713

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1537.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Gerald Loushin

Mailing Address 8642 Upland Lane N

City

Maple Grove

State

MN

Zip Code

55311-1561

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: F774JZ569168

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

James Lusk

Mailing Address 451 Ashley Ridge Boulevard

City

Shreveport

State

LA

Zip Code

71106-7229

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: F85EQX774306

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Robert Lytle

Mailing Address Suite 5
51 Main Street

City

Hyannis

State

MA

Zip Code

02601-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 8

Transaction ID: 4ec8b1519db44cf1ab9a

Amount of Each Receipt this Period

125.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Scott MacRae

Mailing Address Univ of Rochester - Strong Vision
100 Meridian Centre Suite 125

City State Zip Code
Rochester NY 14618

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 83R55O718442

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Ahad Mahootchi

Mailing Address PO Box 1059

City State Zip Code
Zephyrhills FL 33539-1059

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774H9013261

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Louis Maisel

Mailing Address po box 547

City State Zip Code
new city NY 10956

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: F24F46C7-3E40-42D5-

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Louis Maisel

Mailing Address PO Box 547

City

New City

State

NY

Zip Code

10956-0547

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 9KG031372988

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

William Mallon

Mailing Address 3500 US 1

City

Vero Beach

State

FL

Zip Code

32960-4511

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774H9119744

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Delia Manjoney

Mailing Address 2720 Main Street

City

Bridgeport

State

CT

Zip Code

06606-5363

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 83R52C105790

Amount of Each Receipt this Period

1200.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2065.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Carlos Manrique

Mailing Address 116 Cardinal Avenue

City

McAllen

State

TX

Zip Code

78504-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: F7VQNR728902

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Richard Margolies

Mailing Address Suite 205
3355 Burns Road

City

Palm Beach Gardens

State

FL

Zip Code

33410-4356

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 4OKNNE831298

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

William Maron

Mailing Address Suite 222
21 Woodland Street

City

Hartford

State

CT

Zip Code

06105-4318

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 4OKNNE867665

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

John Marquardt

Mailing Address 116 Andros Road

City

State

Zip Code

Key Largo

FL

33037-5204

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 4J0S7F742120

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Benjamin Mason

Mailing Address 1110 Eagle Ridge Road

City

State

Zip Code

Cedar Falls

IA

50613-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: F85FSC291827

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Raul Masvidal

Mailing Address 250 Southwest Le Jeune Road

City

State

Zip Code

Miami

FL

33134-1755

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 4J0S80654299

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Silviano Matamoros

Mailing Address 1821 Southeast Port St. Lucie Boul

City

Port St. Lucie

State

FL

Zip Code

34952-5544

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 4J0S7F745352

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Thomas Harold Matsko

Mailing Address 2800 11th Avenue S

City

Great Falls

State

MT

Zip Code

59405-5263

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: 0169756

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Raj Maturi

Mailing Address 201 Pennsylvania Parkway

City

Indianapolis

State

IN

Zip Code

46280-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774H9663134

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Kevin McAuliffe

Mailing Address 9925 San Jose Boulevard

City

Jacksonville

State

FL

Zip Code

32257-5851

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: BP4COM604605

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

David McCullough

Mailing Address 33 King Street

City

Stratford

State

CT

Zip Code

06615-5849

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 0074414

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Patricia McDonald

Mailing Address Building C
1 Lake Street

City

New Britain

State

CT

Zip Code

06052-1396

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 83R52C790552

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

John McGetrick

Mailing Address 53 SKIDMORE RD

City

WINTER HAVEN

State

FL

Zip Code

33884

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: 51AFAB44-A742-4882-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Fred McMillan

Mailing Address Suite 503
1421 N State Street

City

Jackson

State

MS

Zip Code

39202-1658

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: F7VR9Z820631

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

James Meador

Mailing Address Suite 203
300 E Osborn Road

City

Phoenix

State

AZ

Zip Code

85012-2396

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: BO1513158483

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Michael Edward Migliori

Mailing Address Suite 301

120 Dudley Street

City

Providence

State

RI

Zip Code

02905-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 44c29e7876d642446ee8

Amount of Each Receipt this Period

250.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Duane Mitzel

Mailing Address 9797 E Larkspur Drive

City

Scottsdale

State

AZ

Zip Code

85260-4647

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: BO1513453403

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Perry Mollick

Mailing Address One Center Lane

City

Levittown

State

NY

Zip Code

11756-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 83R550623467

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Dan Montzka

Mailing Address Suite 106

11031 US Highway 19

City

State

Zip Code

Port Richey

FL

34668-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 83R55O059748

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Malcolm Sidney Moore

Mailing Address 1429 Oglethorpe Street

City

State

Zip Code

Macon

GA

31201-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: BO15I3315525

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Larry Moorman

Mailing Address 1803 Old Ocilla Road

City

State

Zip Code

Tifton

GA

31794-1617

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: F85FSC724222

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Mansoor Movaghar

Mailing Address Apt. A

305 N Blount Street

City

Madison

State

WI

Zip Code

53703-3956

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 8

Transaction ID: 42ed9e90547a112cbe24

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYMENT
APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Paul Moyer

Mailing Address 520 Bruton Circle

City

Kettering

State

OH

Zip Code

45429-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 0783265

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Marietta Nelson

Mailing Address Suite 102

2800 N Tenaya Way

City

Las Vegas

State

NV

Zip Code

89128-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 9KG031133518

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Ngoc Nguyen

Mailing Address Suite 300

2380 Montpelier Drive

City

San Jose

State

CA

Zip Code

95116-1620

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: BO1590714325

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Marianne O'Connor Price

Mailing Address Suite 212

9002 N Meridian Street

City

Indianapolis

State

IN

Zip Code

46260-5350

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 2G8EP0837245

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Richard Ou

Mailing Address 3929 Marquette Street

City

Houston

State

TX

Zip Code

77005-4311

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 0379849

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

John Parkinson

Mailing Address Suite 212

575 Rivergate

City

Durango

State

CO

Zip Code

81301-7488

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: BO1598265567

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Sanjay Patel

Mailing Address 300 Kings Lake Dr

City

McKinney

State

TX

Zip Code

75070

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 167ACA7D-5AD1-40C4-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Saurabh Patel

Mailing Address Florida Retina Center

26800 S Tamiami Trail Suite 330

City

Bonita Springs

State

FL

Zip Code

34134

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: BP4COM009297

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Larry Patterson

Mailing Address 15 Iris Lane

City

Crossville

State

TN

Zip Code

38555-7528

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 82OJ4G152257

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Michael Peterson

Mailing Address Rocky Moutain Eye Center
700 W Kent Avenue

City

Missoula

State

MT

Zip Code

59801

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: F7VQO3142063

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Christodoulos Petras

Mailing Address 105-A Twin Ridge Lane

City

Richmond

State

VA

Zip Code

23235-5241

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774HY479179

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Lan Phuong Pham

Mailing Address 16 nottingham way

City

Mahopac

State

NY

Zip Code

10541

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: OC00A84A-F667-4498-

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Anthony Pisacano

Mailing Address 2590 Frisby Avenue

City

Bronx

State

NY

Zip Code

10461-3240

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 83R52C172747

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Edward Quinlan

Mailing Address 3812 E Morning Dove Trail

City

Phoenix

State

AZ

Zip Code

85050-5467

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: BO1513034195

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

James Reece

Mailing Address Suite 280

3939 J Street

City

Sacramento

State

CA

Zip Code

95819-3666

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774H9152371

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Susan Jane Relf

Mailing Address 205 Norton Street

City

Duluth

State

MN

Zip Code

55803-2610

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 0107634

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

William Rich

Mailing Address 5425Connecticut Ave, NW, #12

City

Washington

State

DC

Zip Code

20015

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 32C91BBA-8A99-4041-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Jesse Rigsby

Mailing Address Suite 103

834 N Seminary Street

City

Galesburg

State

IL

Zip Code

61401-2897

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: F8QS2K377584

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Christian Risser

Mailing Address Suite 104

9225 N 3rd Street

City

Phoenix

State

AZ

Zip Code

85020-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: F7VQO3667428

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Anthony Roberts

Mailing Address 12523 Grey Fox Lane

City

Potomac

State

MD

Zip Code

20854-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: 0100573

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Elizabeth Rocco

Mailing Address Suite 100

400 Saybrook Road

City

Middletown

State

CT

Zip Code

06457-4774

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 83R52C650787

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Steven Rosenfeld

Mailing Address 16201 Military Trail

City

Delray Beach

State

FL

Zip Code

33484-6503

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 0929043

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Melvin Rothberger

Mailing Address 575 Kings Highway

City

Brooklyn

State

NY

Zip Code

11223-2046

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 2G8EP0358653

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Jeffrey Rubin

Mailing Address 1660 E 14th Street Suite LI1

City

Brooklyn

State

NY

Zip Code

11229-1173

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: F7VR9Z870457

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Steven Safran

Mailing Address 132 Franklin Corner Rd. A-1

City

Lawrenceville

State

NJ

Zip Code

08648-2523

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 82OJ4G830686

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Carolyn Sakaue

Mailing Address 776 E. Kelso Ave.

City

Fresno

State

CA

Zip Code

93720

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: E0002EBE-087B-4B9B-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

E Ronald Salvitti

Mailing Address Southwestern Pa Eye Center
750 E Beau Street

City State Zip Code
Washington PA 15301-6661

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 83R52C090583

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

James Salz

Mailing Address Suite 250
240 S La Cienega Boulevard

City State Zip Code
Beverly Hills CA 90211-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 2G8EP0145024

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Ajay Sanan

Mailing Address 7396 N La Cholla Boulevard

City State Zip Code
Tucson AZ 85741-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: BO1513768134

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 100

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Jeffrey Sandler

Mailing Address Suite 106

4699 Main Street

City

Bridgeport

State

CT

Zip Code

06606-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 83R52C455238

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

David Sanford

Mailing Address PO Box 728

City

Middlesboro

State

KY

Zip Code

40965-0728

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774HY346351

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Delia Sang

Mailing Address 73 Chatham Street

City

Brookline

State

MA

Zip Code

02446-5451

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: 453e939ccfe63b33b610

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

1281.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Charles Schaffer

Mailing Address Suite 200

13624 W Camino Del Sol

City

Sun City West

State

AZ

Zip Code

85375-3401

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 85IW8J678717

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

William Schlichtemeier

Mailing Address 13923 Gold Circle

City

Omaha

State

NE

Zip Code

68144-2379

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 2G8EP0768481

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Jean Schott

Mailing Address 2209 South Memorial Place

City

Sheboygan

State

WI

Zip Code

53081-3715

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 83R55O785105

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Gary Schwartz

Mailing Address 9105 Edinburgh Lane

City

Saint Paul

State

MN

Zip Code

55125-9191

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: F774JZ503799

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Patrick Sciortino

Mailing Address 914 Bay Ridge Parkway

City

Brooklyn

State

NY

Zip Code

11228-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: F7VQO3568710

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Michael Scott

Mailing Address 515 Sunset Ridge

City

Dubuque

State

IA

Zip Code

52003-7762

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: F774JZ787466

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Barry Seibel

Mailing Address Suite 711

11620 Wilshire Boulevard

City

Los Angeles

State

CA

Zip Code

90025-1781

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: F7VR9Z610514

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Stephen Olaf Sessums

Mailing Address 7763 Copperfield Ct

City

Baton Rouge

State

LA

Zip Code

70808

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 76F5E9A8-467C-4B47-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Steven Shanbom

Mailing Address 28747 Woodward Avenue

City

Berkley

State

MI

Zip Code

48072-0914

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 83R55O291825

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Philip Shands

Mailing Address 22887 Holmwood Road

City

Shaker Heights

State

OH

Zip Code

44122-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: F85FND555366

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Peter Shelley

Mailing Address Suite A3
32123 1st Avenue S

City

Federal Way

State

WA

Zip Code

98003-5720

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774H9874247

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

David Shepherd

Mailing Address Suite 103
41935 W 12 Mile Road

City

Novi

State

MI

Zip Code

48377-3111

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: F85FSC773914

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Richard Sherry

Mailing Address Suite 234

2500 Grubb Road

City

Wilmington

State

DE

Zip Code

19810-4796

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: F7VR9Z335478

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Elizabeth Siderides

Mailing Address # 101

1351 Washington Boulevard

City

Stamford

State

CT

Zip Code

06902-7317

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 83R52C738294

Amount of Each Receipt this Period

400.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Jeffrey Siegal

Mailing Address Suite 210

15340 Jog Road

City

Delray Beach

State

FL

Zip Code

33446-2170

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: F8QS2F733113

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1065.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Kevin Smith

Mailing Address 408 S Main Street

City

Greenville

State

PA

Zip Code

16125-1773

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774H9168723

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Peter Christian Smith

Mailing Address Clearwater Eye and Laser Center
610 Lakeview Road

City

Clearwater

State

FL

Zip Code

33756-3336

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 0623475

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Sharon Solomon

Mailing Address 600 N Wolfe Street

City

Baltimore

State

MD

Zip Code

21205-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: F774JO246382

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Jonathan Stock

Mailing Address 703 14th Street

City

Baraboo

State

WI

Zip Code

53913-1538

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 2G8EP0073929

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Drew Stoken

Mailing Address 338 Alexander Spring Road

City

Carlisle

State

PA

Zip Code

17015-9129

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 83R55O588563

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Domenic Strazzulla

Mailing Address Suite 1A1
500 Congress Street

City

Quincy

State

MA

Zip Code

02169-0917

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: 0181204

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Kevin Sullivan

Mailing Address 1759 Prestwick Dr.

City

Inverness

State

IL

Zip Code

60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 64A04D25-7AD2-4DF1-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Katia Taba

Mailing Address 1501 Kings Highway
PO Box 33932

City

Shreveport

State

LA

Zip Code

71103-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774H9765511

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Leiv Takle

Mailing Address 646 South Eighth Street

City

Griffin

State

GA

Zip Code

30224-4214

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: BO1513631493

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

James Tammaro

Mailing Address Suite 102

40 Capri Boulevard

City

Lake Havasu City

State

AZ

Zip Code

86403-5661

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: F7VQNR129447

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Troy Tanji

Mailing Address 94-873 Farrington Highway

City

Waipahu

State

HI

Zip Code

96797-3150

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: BP4COM545097

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Dalel Tartak

Mailing Address 12 Sidra Cove

City

Newport Beach

State

CA

Zip Code

92657-2115

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: 0531678

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 100

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Vance Michael Thompson

Mailing Address 1310 W 22nd Street

City

Sioux Falls

State

SD

Zip Code

57105-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774H9822670

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Steven Thornquist

Mailing Address 25 Oak Ridge Drive

City

Bethany

State

CT

Zip Code

06524-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 8

Transaction ID: 44b6badb82b64b69cb1d

Amount of Each Receipt this Period

91.25

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Alfredo Trevino

Mailing Address 1006 East Hillside Road

City

Laredo

State

TX

Zip Code

78041-3287

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774H9145277

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1091.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Karen Ullian

Mailing Address 1548 Ashley River Road

City

Charleston

State

SC

Zip Code

29407-5296

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 2G8EP0373326

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Martin Uram

Mailing Address 39 Sycamore Avenue

City

Little Silver

State

NJ

Zip Code

07739-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: 4J0S7F373789

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Sara Vegh

Mailing Address Suite 105
1880 W Winchester Road

City

Libertyville

State

IL

Zip Code

60048-5321

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: BO1590576416

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Jonathan Walker

Mailing Address Suite 300

7900 W Jefferson Boulevard

City

State

Zip Code

Fort Wayne

IN

46804-4128

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 0575562

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

R Bruce Wallace

Mailing Address 4110 Parliament Drive

City

State

Zip Code

Alexandria

LA

71303-2717

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: 0778416

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

William Thomas Walton

Mailing Address 13919 Bluff Wind

City

State

Zip Code

San Antonio

TX

78216-7923

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: F7VQNR048617

Amount of Each Receipt this Period

50.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Nan Wang

Mailing Address Suite 1800

6610 Brompton Road

City

Houston

State

TX

Zip Code

77005-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: F7VQOE655583

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Floyd Warren

Mailing Address 530 First Avenue Suite 3-B

City

New York

State

NY

Zip Code

10016-6402

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: BO1590827843

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Philip Watkins

Mailing Address 13301 Hugh Graham Road Northeast

City

Albuquerque

State

NM

Zip Code

87111-5525

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: 0401469

Amount of Each Receipt this Period

400.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Robert Weisenthal

Mailing Address PO Box 48

5770 Commons Park

City

State

Zip Code

De Witt

NY

13214-0048

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: F7VR9Z696079

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Thomas Weiss

Mailing Address 4701 N. Meridian Ave.

City

State

Zip Code

Miami Beach

FL

33140

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: 80DAF912-D4D6-493D-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Barry Welch

Mailing Address Suite 280

721 Sheridan Avenue

City

State

Zip Code

Cody

WY

82414-3439

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: F7VR9Z101132

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Jeffrey Wentzloff

Mailing Address 9627 Echo Valley Dr

City

Traverse City

State

MI

Zip Code

49684

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: CADBBC67-917D-4862-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Wayne Whitmore

Mailing Address 116 E 68th Street

City

New York

State

NY

Zip Code

10065-5955

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: F85FND661937

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Robert Wing

Mailing Address Suite 340
1551 Renaissance Towne Drive

City

Bountiful

State

UT

Zip Code

84010-7670

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 2G8EP0748383

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Curtis Winkler

Mailing Address 2220 N Hunt Circle

City

Mesa

State

AZ

Zip Code

85203-2085

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: F7VQO3282865

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Catherine Wisda

Mailing Address Suite 2A
1318 S Main Road

City

Vineland

State

NJ

Zip Code

08360-6516

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 2G8EP0185019

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Chauncey Witcraft

Mailing Address 310 Second Avenue Southwest

City

Miami

State

OK

Zip Code

74354-6743

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 2G8EP0729102

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Richard Witlin

Mailing Address Suite 6

557 Cranbury Road

City

East Brunswick

State

NJ

Zip Code

08816-5419

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 2G8EP0723646

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Brian Wnorowski

Mailing Address Suite 206

530 Lakehurst Road

City

Toms River

State

NJ

Zip Code

08755-8063

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: BP4COM255626

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Alyson Yashar

Mailing Address 21 Arrowhead Lane

City

Saddle River

State

NJ

Zip Code

07458-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: F774HY084405

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Robert Arthur Yohai

Mailing Address 864 Second Street

City

Santa Rosa

State

CA

Zip Code

95404-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 83R52C783026

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Rumei Yuan

Mailing Address 133-36 41 Road, 2A

City

Flushing

State

NY

Zip Code

11355

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 0B55BD78-C088-4BF6-

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Gerald Zaidman

Mailing Address Westchester Med Center
Macy Pavilion Room 1100

City

Valhalla

State

NY

Zip Code

10595

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: F774JZ083754

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Marco Zarbin

Mailing Address 26 Sunset Drive

City

Chatham

State

NJ

Zip Code

07928-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	8

Transaction ID: F774JZ256173

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

117109.57

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 100

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

John Peters

Mailing Address 7802 Davenport Street

City

Omaha

State

NE

Zip Code

68114-3629

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: ce34979f07ccb71bbea

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Robert Scott Pinke

Mailing Address Suite 107
66 Sunset Strip

City

Succasunna

State

NJ

Zip Code

07876-1362

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 09d5eef0ddd412bb3a2

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City

San Francisco

State

CA

Zip Code

94163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10106.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 93a8ee9fde72eb2ba87

Amount of Each Receipt this Period

17.60

Refund of 5/08 bank fees

SUBTOTAL of Receipts This Page (optional)

1382.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 100

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City

San Francisco

State

CA

Zip Code

94163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10106.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: d47c4a26b83a5f1e9fa

Amount of Each Receipt this Period

1356.46

Bank Interest 6/08

SUBTOTAL of Receipts This Page (optional)

1356.46

TOTAL This Period (last page this line number only)

2739.06

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City
San Francisco

State
CA

Zip Code
94163

Purpose of Disbursement
Amex discount 6/08

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: cb30796355ce06b9c4f

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

884.48

B.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City
San Francisco

State
CA

Zip Code
94163

Purpose of Disbursement
Bank charges 6/08

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 7e674804ba913a4b8e1

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

236.29

SUBTOTAL of Disbursements This Page (optional) ►

1120.77

TOTAL This Period (last page this line number only) ►

1120.77

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Coleman for Senate 08	Transaction ID: 42145-6291314959526 Date of Disbursement
Mailing Address 680 Transfer Road Suite A	M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
City St Paul State MN Zip Code 55114	Amount of Each Disbursement this Period
Purpose of Disbursement 2008 General	2500.00
Candidate Name Norm Coleman	011 Category/Type
Office Sought: ☐ House ☒ Senate ☐ President State: MN District:	Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee	Transaction ID: 12945-9856378436088 Date of Disbursement
Mailing Address PO Box 2008	M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
City Murfreesboro State TN Zip Code 37133	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	2500.00
Candidate Name Bart Gordon	011 Category/Type
Office Sought: ☒ House ☐ Senate ☐ President State: TN District: 06	Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Crowley for Congress	Transaction ID: 60397-4033319354057 Date of Disbursement
Mailing Address 84-56 Grand Avenue	M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 8
City Elmhurst State NY Zip Code 11373	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	2500.00
Candidate Name Joseph Crowley	011 Category/Type
Office Sought: ☒ House ☐ Senate ☐ President State: NY District: 07	Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Enzi for Us Senate Mailing Address PO Box 2775	Transaction ID: 42145-2403985857963 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8		
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	3		2	0	0	8														
City CODY State WY Zip Code 82414 Purpose of Disbursement Contribution Candidate Name Michael B. Enzi Office Sought: ☐ House ☒ Senate ☐ President Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼ State: WY District:	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> </table> Category/Type	2500.00	011																				
2500.00																							
011																							
B. Full Name (Last, First, Middle Initial) Friends of Dick Durbin Committee Mailing Address PO Box 1949 City Springfield State IL Zip Code 62705 Purpose of Disbursement Contribution Candidate Name Richard J. Durbin Office Sought: ☐ House ☒ Senate ☐ President Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼ State: IL District:	Transaction ID: 42145-1569177508354 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> </table> Category/Type	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8	2500.00	011
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	3		2	0	0	8														
2500.00																							
011																							
C. Full Name (Last, First, Middle Initial) Friends of Erik Paulsen Mailing Address PO Box 44369 250 Prairie Center Drive City Eden Prairie State MN Zip Code 55344 Purpose of Disbursement Contribution Candidate Name Erik Paulsen Office Sought: ☒ House ☐ Senate ☐ President Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼ State: MN District: 03	Transaction ID: 12945-4931451678276 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> </table> Category/Type	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8	5000.00	011
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	3		2	0	0	8														
5000.00																							
011																							

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Friends of Mark Warner	Transaction ID: 42145-2508508563041 Date of Disbursement																				
Mailing Address 1029 North Royal Street 2nd Fl	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	8												
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Mark R. Warner	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: ☐ House ☒ Senate ☐ President State: VA District:	Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Friends of Sam Johnson	Transaction ID: 12945-3071100115776 Date of Disbursement																				
Mailing Address PO Box 860096	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	8												
City Plano State TX Zip Code 75086	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sam Johnson	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: ☒ House ☐ Senate ☐ President State: TX District: 03	Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Friends of Sessions Senate Committee Inc	Transaction ID: 42145-8861810564994 Date of Disbursement																				
Mailing Address PO Box 4278	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	8												
City Montgomery State AL Zip Code 36103	Amount of Each Disbursement this Period																				
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2500.00																					
Candidate Name Jeff Sessions	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: ☐ House ☒ Senate ☐ President State: AL District:	Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Giffords for Congress Mailing Address PO Box 12886	Transaction ID: 31179-3074151873588 Date of Disbursement 06 06 2008
City Tucson State AZ Zip Code 85732 Purpose of Disbursement Contribution Candidate Name Gabrielle Giffords Office Sought: ☒ House ☐ Senate ☐ President Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼ State: AZ District: 08	Amount of Each Disbursement this Period 1500.00 011 Category/ Type
B. Full Name (Last, First, Middle Initial) Grassley Committee Inc Mailing Address PO Box 1000 City Des Moines State IA Zip Code 50304 Purpose of Disbursement Contribution Candidate Name Charles E. Grassley Office Sought: ☐ House ☒ Senate ☐ President Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼ State: IA District:	Transaction ID: 42145-1579553484916 Date of Disbursement 06 23 2008 Amount of Each Disbursement this Period 5000.00 011 Category/ Type
C. Full Name (Last, First, Middle Initial) Harvest Pac Mailing Address 236 Massachusetts Avenue NE #508 City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Office Sought: ☐ House ☐ Senate ☐ President Disbursement For: 2008 ☐ Primary ☐ General ☒ Other (specify) ▼ State: District: Contribution	Transaction ID: 12945-7929498553276 Date of Disbursement 06 23 2008 Amount of Each Disbursement this Period 2500.00 011 Category/ Type
SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Hoyer for Congress	Transaction ID: 42145-3936120867729 Date of Disbursement																				
Mailing Address 4201 Northview Dr, Ste 307	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	8												
City Bowie State MD Zip Code 20716	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2008 General	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Steny H. Hoyer	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: ☒ House ☐ Senate ☐ President State: MD District: 05	Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Individuals Dedicated To Ethics and Science Pac	Transaction ID: 12945-0816003680229 Date of Disbursement																				
Mailing Address Ideas Pac PO Box 40725	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	8												
City Denver State CO Zip Code 80204	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: ☐ House ☐ Senate ☐ President State: District:	Disbursement For: 2008 ☐ Primary ☐ General ☒ Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Jay Love for Congress Committee	Transaction ID: 31179-5042535662651 Date of Disbursement																				
Mailing Address 1020 Monticello Ct Suite 205	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	8
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0	6		0	6		2	0	0	8												
City Montgomery State AL Zip Code 36117	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Jay Love, Jr.	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: ☒ House ☐ Senate ☐ President State: AL District: 02	Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Jay Love for Congress Committee	Transaction ID: 12945-0304986834526 Date of Disbursement																				
Mailing Address 1020 Monticello Ct Suite 205	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	8												
City Montgomery State AL Zip Code 36117	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
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Candidate Name Jay Love, Jr.	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: ☒ House ☐ Senate ☐ President State: AL District: 02	Disbursement For: 2008 ☐ Primary ☐ General ☒ Other (specify) ▼ Runoff																				
B. Full Name (Last, First, Middle Initial) John Shadeggs Friends	Transaction ID: 31179-3550226092338 Date of Disbursement																				
Mailing Address PO Box 45444	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	6		2	0	0	8												
City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name John Shadegg	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: ☒ House ☐ Senate ☐ President State: AZ District: 03	Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Kirk for Congress	Transaction ID: 42145-5735284686088 Date of Disbursement																				
Mailing Address PO Box 8	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
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0	6		2	3		2	0	0	8												
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1000.00																					
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SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Latham for Congress	Transaction ID: 31179-1707116961479 Date of Disbursement
Mailing Address PO Box 71 PO Box 71	M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 8
City Clarion State IA Zip Code 50525	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	1000.00
Candidate Name Tom Latham	011 Category/Type
Office Sought: ☒ House ☐ Senate ☐ President State: IA District: 04	Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Latham for Congress	Transaction ID: 42145-3811609148979 Date of Disbursement
Mailing Address PO Box 71 PO Box 71	M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
City Clarion State IA Zip Code 50525	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	1000.00
Candidate Name Tom Latham	011 Category/Type
Office Sought: ☒ House ☐ Senate ☐ President State: IA District: 04	Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Madison Pac; the	Transaction ID: 12945-0754510760307 Date of Disbursement
Mailing Address 235 State Street #206	M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
City Springfield State MA Zip Code 01103	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	5000.00
Candidate Name	011 Category/Type
Office Sought: ☐ House ☐ Senate ☐ President State: District:	Disbursement For: 2008 ☐ Primary ☐ General ☒ Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Michael Burgess for Congress	Transaction ID: 12945-0349847674369 Date of Disbursement																				
Mailing Address PO Box 2334	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	8												
City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period																				
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2500.00																					
Candidate Name Michael C. Burgess	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: ☒ House ☐ Senate ☐ President State: TX District: 26	Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Mike Rogers for Congress	Transaction ID: 42145-7086297869682 Date of Disbursement																				
Mailing Address 123 East 13th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	8												
City Anniston State AL Zip Code 36201	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Michael Dennis Rogers	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: ☒ House ☐ Senate ☐ President State: AL District: 03	Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Miller-Meeks for Congress	Transaction ID: 42145-9866144061088 Date of Disbursement																				
Mailing Address 11674 90th St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	8												
City Ottumwa State IA Zip Code 52501	Amount of Each Disbursement this Period																				
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011																					
Category/ Type																					
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12500.00																					
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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Moore for Congress	Transaction ID: 42145-5951654314994 Date of Disbursement
Mailing Address PO Box 14631	M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
City State Zip Code Shawnee Mission KS 66285	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	1000.00
Candidate Name Dennis Moore	011 Category/Type
Office Sought: ☒ House ☐ Senate ☐ President State: KS District: 03	Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼
B. Full Name (Last, First, Middle Initial) People for Patty Murray U S Senate Campaign	Transaction ID: 42145-0466729998588 Date of Disbursement
Mailing Address PO Box 3662	M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
City State Zip Code Seattle WA 98124	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	1000.00
Candidate Name Patty Murray	011 Category/Type
Office Sought: ☐ House ☒ Senate ☐ President State: WA District:	Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Salazar for Senate	Transaction ID: 42145-3240472674369 Date of Disbursement
Mailing Address PO Box 600	M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
City State Zip Code Denver CO 80201	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	2500.00
Candidate Name Ken Salazar	011 Category/Type
Office Sought: ☐ House ☒ Senate ☐ President State: CO District:	Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 99 / 100

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Texans for Lamar Smith

Mailing Address PO Box 6155

City
San Antonio

State
TX

Zip Code
78209

Purpose of Disbursement
Contribution

Candidate Name
Lamar Smith

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 21

Transaction ID: 60397-0902063250541

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

86000.00

Image# 28991881283

Form/Schedule: **F3XA**

Transaction ID:

This Amended July Monthly Report corrects two receipts that were originally disclosed on Line 11a. Receipts from Peters and Pinke do not belong to OPHTHPAC and are disclosed on Line 17 as Other Receipts in this report.
